

2007 DOE Laser Safety Officers Advanced Training Workshop

July 17-19, 2007
Argonne National Laboratory
Argonne, Illinois

REGISTRATION FORM

(Please Print or Type)

Name _____		
(First)	(Middle)	(Last)
Organization _____		
Department _____		
Business Address _____		
(Street)		
(City)	(State)	(Zip Code)
Business Phone _____		Fax _____
(Area Code) (Number) (Extension)		
E-mail _____		Citizenship _____
<u>NON-U.S. CITIZENS ONLY – PLEASE COMPLETE & SUBMIT ATTACHED NON-U.S. CITIZEN FORM NO LATER THAN TUESDAY, JULY 3, 2007.</u>		

OPTIONAL FEE:

_____ Buffet Dinner, Wednesday, July 18 - \$27

PAYMENT METHOD

_____ Check enclosed (made payable to Argonne National Laboratory).

I will pay now with a credit card. _____ Visa _____ Master Card _____ American Express

Credit Card Number _____ Expiration Date _____

_____ I will pay at registration.

LODGING - CUTOFF DATE FOR HOTEL RESERVATIONS IS JULY 2, 2007.

Hotel rooms have been reserved for the meeting. Please make your reservation directly with the hotel and refer to **DOE Laser Safety Workshop** in order to get the meeting rate:

Argonne Guest House
9700 South Cass Avenue, Bldg. 460
Argonne, Illinois 60439
Phone: 800.632.8990
Phone: 630.739.6000
Fax: 630.739.1000

Single: \$65/night + tax

Double: \$75/night + tax

TRANSPORTATION

Following are available limousine services between O'Hare or Midway Airport and Argonne (cost is approximately \$35 one-way). To make advance reservations call:

A-1 Limousine – Phone: 630.833.3788 or Fax: 630.833.3873

United Livery Service – Phone: 630.969.3865 or Out-of-State 800.331.9037 Fax: 630.969.8976

A photo I.D., such as a driver's license or passport, is required for site access.

Please send form and payment by **July 3, 2007**: Conference Services, Argonne National Laboratory, Building 201, 9700 South Cass Avenue, Argonne, IL 60439 Phone: 630.252.5585, Fax: 630.252.5533

**Information Required for Non-US Citizens Visiting Argonne
2007 DOE Laser Safety Officers Advanced Training Workshop
July 17-19, 2007**

Full Name _____ Gender _____
First, Middle, Last M/F

Place of Birth _____ Date of Birth _____
City/Country mm/dd/yy

Country of Citizenship (also note any Dual Citizenship) _____

For Non-U.S. Citizens who are not Legal Permanent Residents

Passport Info. _____
Number Country of Issue Expiration Date
(mm/dd/yy)
Visa Info. _____
Number Type (i.e. J1, H1, B1) Expiration Date (mm/dd/yy)

For Non-U. S. Citizens who are Legal Permanent Residents: ("Green Card" holders)

Permanent Resident Info. _____
Number (begins with A#...) Expiration Date (mm/dd/yy)

If Visa is expired and visitor is in the process of requesting an extension of visa status or renewal or arriving under the waiver program, please complete one of the following:

(Most recent) I-94 Number, Country of Issue, & expiration date: _____
I-94W Form should be shown at Visitor's Reception Center upon arrival at Argonne National Laboratory.

Alternate Type of Credentials (Fax to 630.252.5533)

J-1 visa holder, please submit your DS-2019 (Certificate of Eligibility for J-1 Status).

F-1 visa holder, please submit your I-20 (Certificate of Eligibility for Nonimmigrant Student Status for Academic and Language Students).

If you have requested a change in status, please submit your I-797 (Adjustment of Status Form) or your I-485 (Application to Adjust to Lawful Permanent Resident, or adjust status).

Work Phone Number _____ FAX Number _____

E-Mail _____

Name of Current Employer _____

Address of Current Employer _____

Your title, position, or description of duties _____

Educational background (include degrees received and degrees to be received, dates conferred or expected, and the university degree was received from) _____

Field of Research _____

Desired START and END dates of visit (mm/dd/yy) _____ to _____

Purpose of visit _____

THE FOLLOWING INFORMATION IS REQUIRED ONLY IF A FRIEND OR FAMILY MEMBER WILL BE COMING ON SITE

Name of Friend/Family Member _____
(First, Middle, Last)

Place of Birth _____ Date of Birth _____
City/Country (mm/dd/yy)

Relationship _____ Citizenship: _____